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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 18TH SURGICAL HOSPITAL (MA)
APO 96318, US Forces

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AVCA-MB-CB-SB-A

7 November 1966

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 October 1966 (ECS CS FOR - 65)

TO: Commanding Officer
55th Medical Group
ATTN: AVLC-MB-CB-B
APO 96238

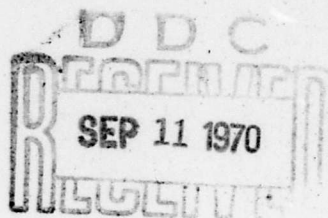
Commanding Officer
44th Medical Brigade
ATTN: Historian
APO 96307

Commanding General
1st Logistical Command
ATTN: AVLC-GO-H
APO 96307

Commanding General
United States Army, Vietnam
ATTN: AVC-LM
APO 96307

Commander-in-Chief
United States Army, Pacific
ATTN: CPOP-AM
APO 96558

TO: Assistant Chief of Staff for Forces Development
Department of The Army
Washington, D. C. 20310



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(ARMY) ATTN: FOR OT UT, WASHINGTON, D.C. 20310

FOR OT UT
660381

2nd 13

AVCA-MB-CB-SB-A

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SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 October 1966 (ACG FOR - 65)

SECTION I

SIGNIFICANT ORGANIZATIONAL ACTIVITIES

The 16th Surgical Hospital (HA), operating in permanent-type buildings, is assigned the mission of providing resuscitative surgery and medical treatment necessary to prepare critically injured or ill- United States Army, Vietnam (USARV) and other Free World Military Assistance Forces (FVMAF), personnel located in Corps Tactical Zone II, North (CTZII-N), for further evacuation. In addition, it is to provide dispensary type medical service for certain non-divisional units located in CTZII-N.

To fulfill this mission, this unit has been augmented with the following attached units or elements of units:

- 2nd Platoon, 542nd Medical Company (Clearing)
- 501st Medical Detachment (Team MA) Dispensary
- 2,00th Medical Detachment (Team KF) (Thoracic)
- 51st Medical Company (Ambulance)

There were several key personnel changes and additions within the unit during this report period. Lieutenant Colonel James B. Hancock assumed the duties of Executive Officer on 3 September 1966, replacing Captain David A. Seberg. 1LT William H. Hanes Jr. assumed the duties of S-4 Officer on 10 September 1966, replacing 1LT John K. Welton. Major Margaret L. Jaskoski joined the unit on 13 September 1966 and assumed duties as Head Nurse, Intensive Care Unit. Major Martha P. Miller arrived at this unit on 14 October 1966 to augment the Anesthesiology Department.

During the initial phase of this period, communications was a major problem area. Land lines were completely inadequate when emergency calls regarding evacuation of patients were necessary. This situation was not corrected until 29 September 1966 at which time an Air Force single side band radio, KMM 2A (Collins) was installed by the 55th Medical Group. We also obtained a PRC - 25 which is utilized for direct communication with Army Medical Air Ambulances enabling us to receive advance notification of the impending arrival of casualties.

Because of the unfamiliarity with local requirements and reports peculiar to this command and the lack of sufficient time to become instructed in same, it was necessary for this unit to receive its education under trying conditions, thus in effect doubling the administrative workload.

It was evident at the outset of operations that the TUGB generators were inadequate to supply this units electrical requirements in a fixed or semi-fixed situation. The total requirements for electrical needs were not realized until mid - October. Since then, three 100 KW generators have been utilized to meet these needs.

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With increased patient flow, several emergency evacuations with minimum notification were required. Immediate support for these needs was coordinated by the Medical Regulating Officer, 55th Medical Group and transportation furnished by the Air Force with a minimum of delay.

During the entire phase of initial operations this unit continued to improve and expand the medical treatment facility. Although much assistance was furnished by civilian contractors, MHC, many projects were completed by self-help programs. Road construction and proper drainage continued to be an insurmountable problem which emphasized the necessity of taking positive action during the forthcoming "dry" season.

Combat Engineer support provided by the 299th Engineer Battalion has been outstanding for the situation under which they are working. Due to more urgent combat support missions, they were withdrawn for periods of time to support these missions. This hindered and continues to hinder the completion of their assigned mission at this facility.

Security of the compound remained a constant problem until 10 September when sentry dogs were provided, partially relieving this unit of the constant drain of medical technicians from performing their assigned duties.

During the reporting period, although faced with the challenging task of rendering medical support to three combat brigades in almost continuous contact with the enemy, this organization continued to establish new facilities for better patient care and improve existing ones.

At the end of this report period, this hospital now consists of:

1. 13 completed quonsets.
2. Water supply and partial distribution system.
3. Billets, permanent.
4. Sanitation facilities.
5. Administrative facilities.
6. Concrete pads and covered storage for supplies.

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Ending 31 October 1966 (RCS Form - 65)

SECTION II - COMMANDER'S OBSERVATION AND RECOMMENDATIONS

Part 1. Observations (Lessons Learned)

Construction Material

Item: Shortage of construction material for self-help programs.

Discussion: Materials which were planned for and envisioned to be utilized for self-help programs - shelving, frames for buildings, etc -- and other various sundry necessities (23 bundles of assorted lumber) have met with constant delays in arrival. As of the end of this reporting period, only 14 bundles have been received and these only in the last two weeks.

Observation: Some initial WABTUC lumber should be planned for and carried on organic transportation where possible in order to facilitate the construction of basic initial necessities on a self-help program.

Definite Planned Facility

Item: Need for definite planned facilities.

Discussion: This hospital, although basically planned for the operational portion, did not include the plan for supporting facilities or staff billets for the installation. This created many problems which added to overall problems of drainage, water distribution and like items (road network etc).

Observation: An optimum plan for like installations should be developed (with arrangements for slight modifications) so that a typical installation can be planned for (dependent on available space) and contracted for so that facilities can be adequately programmed for the incoming unit and appropriate plans made for expansion into a larger facility.

Part 2. Recommendations

Personnel: Adequate arrangements should be made for security personnel (when required by the tactical situation) to be provided the medical installation for security and other details which would normally detract from the medical capability of the installation.

Operations: All available reports, recommendations, and copies of this report should be distributed to like units who are programmed for possible deployment to similar areas.

Training and Organization: Strongly recommend that like units receiving these "Lessons-Learned" reports be thoroughly instructed as to procedures and policies for the area to which they may be committed and these items be made a matter of annual general inspectors special area of emphasis.

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Intelligence: Not used.

Logistics: The antiquity of the T043 3-571E together with the currently prescribed procedures for procuring additional items of equipment and personnel make a very poor combination. An incoming unit may well have anticipated some of the items (which the T043 does not provide) which are absolutely essential for the performance of its mission in the manner required by modern day medicine but it is not likely that all such, will have been procured and be on hand. *per 5 sub.*

In our own case we then proceeded to submit the required paper work for these essential items in a manner prescribed by our logistic advisors and it was all returned for re-submission in a different format.

Although this is intrinsically an administrative problem it is also a morale factor, and one that affects every member of the professional staff. Though there are undoubtedly many major remaining problems in the procurement and distribution of items of medical equipment in this theater, it is recommended that additional clarification and simplification be provided in the area of unit procurement of non standard, essential items. The only alternative would seem to be to accept, either openly or "helplessly", a lower standard of professional medical care for our patients and this is unacceptable.

Others: Although professional complement personnel are not immediately necessary to accompany a unit in its initial move, definite plans should be made so as to allow these personnel adequate time to "marry up with" and become acquainted with the overall members of the medical team prior to becoming functional. This recommendation is made to "shake-down" the unit and iron out differences so as to promote a smooth, operating team when called upon to perform their optimum mission.

Mark T. Cernac
MARK T CERNAC
LTC, MC
Commanding

Copies Furnished:

- 1 - Commander-In-Chief, USARPAC
Attn: GPOF-MH, APO 96558 (Direct)
- 3 - Commanding General, USARV
Attn: AVC-DH, APO 96307 (Direct)
- 1 - Commanding General, USASUPCOM, QUI NHON
Attn: Historian, APO 96238 (Direct)
- 1 - Commanding Officer, Pleiku Sub Area Support Command
Attn: Historian, APO 96318 (Direct)

AVCA MB-GB-B (7 November 1966) 1st Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 October 1966 (RCS CSFOR-65)(U)

Headquarters, 55th Medical Group, APO 96238, 10 November 1966

THRU: Commanding Officer, 44th Medical Brigade, ATTN: Historian,
APO 96307

Commanding General, 1st Logistical Command, ATTN: AVLC GO-H,
APO 96307

Commanding General, United States Army, Vietnam, ATTN: AVC-DH,
APO 96307

Commander-in-Chief, United States Army, Pacific, ATTN: CPOP-MH,
APO 96307

TO: Assistant Chief of Staff for Force Development
Department of the Army, Washington, D.C. 20310

This headquarters concurs in the observations and recommendations
contained in the basic report submitted by the Commanding Officer, 18th
Surgical Hospital.

TEL: QNH 679

Robert H. Holum
ROBERT H. HOLUM
Lieutenant Colonel, MC
Acting Commander

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AVCA-MB-0 (7 Nov 66) 2nd Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 October 1966 (RCS 88PCN-65) (U)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 27 November 1966

TO: Commanding General, 1st Logistical Command, AWHN: AVCA-GS-0, APO
96307

1. The 10th Surgical Hospital was operational during this entire report period.
2. Reference Section II, Part 1, item concerning Construction Material, basic report. Concur with comment. All organizations are experiencing similar shortages. Requirements are met whenever material is available.
3. Reference Section II, Part 1, item concerning Definite Planned Facilities, basic report. All medical facilities being constructed have been planned with roads, drainage, buildings and other factors being considered on a priority basis.
4. Reference Section II, Part 2, item concerning Personnel, basic report. The problem of requiring medical specialists to perform the additional duty as sentries is recognized. This headquarters concurred in a request from the hospital commander that sentries be provided by the Pleiku Subarea Command.
5. Reference Section II, Part 2, item concerning Logistics, basic report. Concur that the TOEs of all evacuation, surgical, and field hospitals are antiquated. An equipment list has been published by USARV authorizing evacuation and surgical hospitals additional equipment items. Applicable USARV forms are available for requesting additional equipment items deemed necessary by hospital commanders. Procedures have been simplified to assist in expeditious procurement of medical equipment and supplies.
6. Reference Section II, Part 2, item pertaining to Other, basic report. With each incoming unit, the input of professional complement is carefully adjusted to provide sufficient time to allow a "shake down" period, while conserving the talents represented, avoiding any extended period of inactivity.
7. Concur with all comments and recommendations of the hospital commander, and with the comment contained in the 1st Indorsement, except as stated above.

R. W. Miller
R. W. MILLER
Colonel, MD
Commanding
7

AVCA GO-O (7 Nov 66)

3d Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966
(RCS CSFOR-65)

HEADQUARTERS, 1st Logistical Command, APO 96307

1 DEC 1966

TO: Deputy Commanding General, US Army Vietnam, ATTN: AVHQC-DH, APO 96307

1. The Operational Report - Lessons Learned submitted by the 18th MASH for the quarter ending 31 October 1966 is forwarded herewith.

2. Concur with the basic report as modified by the comments contained in the preceding indorsements. The report is considered adequate.

FOR THE COMMANDER:

TEL: Lynx 782/930



GLENN A. DOYLE
Capt, AGC
Asst. Av:

AVHGC-DH (7 Nov 66)

11th Ind

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 October 1966 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96302 C Dtd '66

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOB-OT
APO 96558

1. The Operational Report-Lessons Learned submitted by the 18th
Surgical Hospital (MA) for the period ending 31 October 1966 is for-
warded herewith.

2. Concur with the comments contained in the report as modified
by the previous indorsements.

FOR THE COMMANDER:


W. R. AUTRY

1st Lt, AGC

Asst Adjutant General

GPOP-OT (7 Nov 66)

5th Ind

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 October 1966

HQ, US ARMY, PACIFIC, APO San Francisco 96558

14 JAN 1967

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters concurs in the basic report as indorsed.

FOR THE COMMANDER IN CHIEF:



L. L. CHAPPELL
MAJ, AGC
ASST AG

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